

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>19-242657</b>	FILING DATE					
							APPLICANT(S)						
<b>4-12-05 CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
<del>5</del>							55						
6							56						
7							57						
8							58						
9							59						
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11							61						
<del>12</del>							62						
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17							67						
18							68						
<del>19</del>							69						
<del>20</del>							70						
21							71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		4		TOTAL IND.						
TOTAL DEP.	23		20		17		TOTAL DEP.						
TOTAL CLAIMS	25		22		21		TOTAL CLAIMS						

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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